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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 17, 2005.

by: Debra C. Granlees



PATENT
Attorney Docket No. 20843-000410US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

JOHN F. GABOWER

Application No.: 10/659,838

Filed: September 10, 2003

For: ELECTROMAGNETIC
INTERFERENCE SHIELDS
COMPRISING RECYCLED
MATERIAL (As Amended)

Examiner: H. Ngo

Art Unit: 2831

**RESPONSE TO NOTICE OF
NON-COMPLIANT AMENDMENT**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice of Non-Compliant Amendment mailed February 17, 2005, Applicants resubmit the amendments as follows:

Amendments to the Claims begin on page 2 of this paper.

The Remarks section begins on page 7 of this paper.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	20843-000410US
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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
	<input type="checkbox"/> Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Craig P. Wohng		
Date	March 17, 2005	Reg. No.	45,231

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Arlene C. Granlund	Date	March 17, 2005